

# LACKAWANNA CITY CLERK

Jeffrey P. DePasquale  
City Clerk  
Registrar of Vital Statistics

Colleen Mure  
Deputy Registrar



## MOBILE FOOD TRUCK LICENSE APPLICATION

**Type of entity:** (circle the appropriate designation)

Sole Proprietor      Corporation      Partnership      Limited Liability Company

**Name of Applicant:** \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Name on MFT:** \_\_\_\_\_

**Business/Mailing Address:** \_\_\_\_\_

**Business Phone #** \_\_\_\_\_

**Business Webpage** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**New York State Tax ID#** \_\_\_\_\_

**Printed Name of Applicant** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **date** \_\_\_\_\_

**Relationship of applicant to the MFT** \_\_\_\_\_